

Case Number:	CM15-0165494		
Date Assigned:	09/03/2015	Date of Injury:	12/11/2012
Decision Date:	10/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female, with a reported date of injury of 12-11-2012. The mechanism of injury was the result of keyboarding and performing her usual and customary job duties. The injured worker's symptoms at the time of the injury included a sudden onset of severe pain from her neck radiating down the right arm to the hand with severe numbness and tingling in the right fingers. The diagnoses include pain disorder, major depressive disorder, and rule out panic disorder with agoraphobia, rule out generalized anxiety disorder, dependent and avoidant personality traits, and right carpal tunnel syndrome. Treatments and evaluation to date have included psychological treatment, physical therapy, right carpal tunnel release on 03-21-2014, occupational therapy, oral medications, electrodiagnostic studies on 09-15-2014, and a urine drug screen on 10-21-2014. The diagnostic studies to date have included an x-ray of the right wrist on 08-12-2014 with normal findings; an x-ray of the right shoulder on 08-12-2014 with normal findings; an x-ray of the left wrist on 08-12-2014 with normal findings; an x-ray of the left hand on 08-12-2014 with normal findings; an MRI of the right shoulder on 09-05-2014 which showed supraspinatus tendinosis, minimal subacromial and subscapularis bursitis, minimal glenohumeral joint effusion, and osteoarthropathy of acromioclavicular joint; an MRI of the cervical spine on 09-05-2014 which showed early disc desiccation at C2-3 to C6-7 levels, endplate degenerative changes at C5-6, mild cerebellar tonsillar herniation, focal central disc protrusion with annular tear effacing the thecal sac at C4-5, C5-6, and C6-7, and grade 1 retrolisthesis of C5 over C6; and an MRI of the right wrist on 02-24-2015 which showed mild thickening and irregularity in the region of the flexor retinaculum, mild osteoarthritis at the

radial aspect of the scaphotrapezial joint, and likely soft tissue ganglion or synovial cyst. The progress report dated 07-17-2015 indicates that the injured worker stated that previously it would take her 2-4 hours to fall asleep. She has had some bruises and was slightly itchy. It was noted that she was better than before, and she did not have any blood in her stools or when brushing her teeth. It was also noted that the injured worker's mood had been slightly better. The objective findings include an appropriate and depressed affect, a depressed mood, a coherent thought process, intact judgment and attention, an intact mental status, intact memory, and a non-analgesic gait. The treatment plan included Paroxetine 10mg, 1 ½ tablet at bedtime and increased Trazodone to 50mg, up to 2 tablets at bedtime. The injured worker's work status was not indicated. The treating physician requested Paroxetine 10mg #45 with two refills and Trazodone 50mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Paroxetine 10 mg (Qty 45 with 2 refills) Qty 135: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The current request is for Paroxetine 10mg (Qty 45 with 2 refills) Qty 135. The treating physician states, in a report dated 07/17/15, I prescribed Paroxetine 10 mg 1 tab q hs #45 with 2 refill. (315B) MTUS guidelines state selective serotonin reuptake inhibitors (SSRIs) are recommended for the treatment of psychological symptoms associated with chronic pain. MTUS further states: Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, Paroxetine appears to be used mainly for psychiatric purposes rather than solely for pain. The psychology notes reflect some improvement in mood and affect. The current request is medically necessary.

Trazadone 50 mg (Qty 60 with 2 refills) Qty 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Trazodone (Desyrel).

Decision rationale: The patient presents with taking 2-4 hours to fall asleep. The current request is for Trazodone 50mg (Qty 60 with 2 refills) Qty 180. The treating physician states, in a report dated 07/17/15; I increased Trazodone to 50 mg up to 2 tabs hs #60 with two refills. (315B) MTUS is silent on this medication. ODG states the following, recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The patient is diagnosed with Depression, major/single, mild to moderate and Panic Disorder. In this case, the IW has insomnia and depression for which Trazodone is indicated. In addition, Trazodone works synergistically with Paroxetine to increase the medication's efficacy. The current request is medically necessary.